RADIO I	LICENSE A	APPLICATI	ON FOR F	IXED, MO	BIL	E, OR Al	IRMC	BILE S	STATIO	ONS	
			SE	CTION I							
Type of Application FCC Call Sign New Renewal Modification			CAP Call Sign			□ Fi		ss of Station Fixed Mobile Air Mobile			
Unit Name and	Charter Number	Unit Mailing Address									
Name (Last, First, Middle)			Grade	CAPSN	Date of Next Membership Renewal						
Mailing Address			Telephone H: W:			ROP Card Number					
FOR MOBILE STATIONS											
Area of Operation	ons	Complete Address Where Mobile/Aircraft is Stored									
			FOR FIX	ED STATIO	NS						
Street Address			City, State, Zip				Latitude				
Ground Elevation of Transmitter Site			Name & Distance to Closest Landing Area				Longitude Elevation of Landing Area				
AMSL			Feet				AMSL				
Will antenna be mounted on a building or similar structure?								t			
		SEC	TION II. TY	PES OF EQU	UIPI	MENT					
Mode	Freq	Make	Model	SN		Power Wing Sq M		Mbr			

SECTION III

I AGREE TO LEASE, WITHOUT CHARGE, THE EQUIPMENT OWNED BY ME AND CITED IN SECTION II OF THIS APPLICATION, TO THE SOUTH CAROLINA WING, CIVIL AIR PATROL, WHICH SHALL HAVE ABSOLUTE CONTROL OF ITS OPERATION OR ASSIGNED CIVIL AIR PATROL FREQUENCIES.

I UNDERSTAND THAT THE LICENSED EQUIPMENT WILL BE USED FOR CIVIL AIR PATROL FREQUENCIES, AND WILL NOT BE USED FOR PERSONAL OR BUSINESS COMMUNICATIONS.

I HAVE READ AND UNDERSTAND THE PROVISIONS OF CAPM 100-1 REGARDING THE KEEPING OF A PROPER RADIO STATION LOG.

ICERTIFY THAT THE RADIO EQUIPMENT LISTED IN SECTION II OF THIS APPLICATION WILL NOT BE OPERATED WITH OUTPUT POWER IN EXCESS AUTHORIZED BY CAPM 100-1, AND THAT I DO NOT HAVE AMPLIFIERS ATTACHED WHICH WILL INCREASE OUTPUT POWER BEYOND AUTHORIZED OUTPUT POWER FOR THE FREQUENCY ASSIGNED.

I UNDERSTAND THAT ANY CIVIL AIR PATROL EQUIPMENT LOANED OR ASSIGNED TO ME WILL BE KEPT IN OPERATIONAL CONDITION. ANY CIVIL AIR PATROL OWNED EQUIPMENT MAY BE RECALLED AND/OR REASSIGNED AS REQUIRED FOR THE ACCOMPLISHMENT OF THE OVERALL CIVIL AIR PATROL MISSION.

SIGNATURE OF APPLICANT / RANK									
SECTION IV									
(TO BE COMPLETED BY FIXED STATION APPLICANTS ONLY)									
I AGREE TO PARTICIPATE IN CIVIL AIR PATROL SINGLE-SIDE-BAND RADIO NET A MINIMUM OF TWO (2) TIMES EACH WEEK.									
I AGREE TO PARTICIPATE IN ALL CIVIL AIR PATROL COMMUNICATIONS EFFECTIVENESS TESTS.									
I AGREE TO ATTEND THE ANNUAL SOUTH CAROLINA WING, CIVIL AIR PATROL, COMMUNICATIONS CONFERENCE.									
SIGNATURE OF APPLICANT / RANK									
SECTION V									
RECOMMEND THIS APPLICATION BE ☐ APPROVED ☐ DISAPPROVED									
DATE OF APPROVAL/DISAPPROVAL									

SECTION VI

SIGNATURE OF COMMANDER / RANK

(REMARKS)